



INTRANASAL ANTIHISTAMINES PA SUMMARY

PREFERRED	Astelin (brand)
NON-PREFERRED	Astepro, Azelastine 0.1% nasal spray (generic), Dymista, Patanase

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Astepro

- ❖ Member must be 6 years of age or older with a diagnosis of seasonal or perennial allergic rhinitis
- AND*
- ❖ Submit documentation of current use, inadequate response, or intolerable side effects to a nasal steroid
- AND*
- ❖ If using for perennial allergic rhinitis in members age 12 or older or for seasonal allergic rhinitis in members age 6 years or older, submit documentation of an inadequate response, allergies, contraindications, drug-to-drug interactions, or a history of intolerable side effects to Astelin nasal spray

Patanase

- ❖ Member must be 6 years of age or older with a diagnosis of seasonal allergic rhinitis
- AND*
- ❖ Submit documentation of current use, inadequate response, or intolerable side effects to a nasal steroid
- AND*
- ❖ Submit documentation of an inadequate response, allergies, contraindications, drug-to-drug interactions, or a history of intolerable side effects to Astelin nasal spray

For Azelastine 0.1% nasal spray (generic)

- ❖ Submit a written letter of medical necessity stating the reason(s) brand Astelin nasal spray is not appropriate for the member.

For Dymista

- ❖ Submit a written letter of medical necessity stating the reason(s) the two separate preferred products, brand-name Astelin nasal spray and generic fluticasone nasal spray are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**



PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.